

# Consent for Non-Prescription Medication

***PLEASE NOTE: This form requires a physician's signature for children under two years of age.***

CHILD'S NAME \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_  
(Each child requires a separate form)

I hereby give Peace of Mind Early Education Center permission to apply any of the following external preparations that are checked, in accordance with directions for use on the appropriate container:

- |  |  |
|--|--|
| <input type="checkbox"/> Soap<br><input type="checkbox"/> Baby Wipes<br><input type="checkbox"/> Baby Lotion<br><input type="checkbox"/> Sun screen<br><input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Diaper Ointments (non prescription)<br><input type="checkbox"/> Teething Gel<br><input type="checkbox"/> Baby Oil<br><input type="checkbox"/> Bug spray<br><input type="checkbox"/> Fever reducing medication |
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**Please Note:** Physician signature is required for fever reducing medication such as Tylenol® and Motrin® for all children under the age of two years.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Child's Physician

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Child's Parent/Guardian

**Physician, please indicate proper dosage for any fever reducing medications authorized.**

Name of medication	Child's Weight	Dosage	Physician Initials

Please return this form to:  
 Peace of Mind Early Education Center  
 9025 Tamarack Rd  
 Woodbury, MN 55125

